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ABSTRACT

Schools are expected to assume increasing responsibility for the health of children, but teacher education programs have been slow to include a substantial health component in the curriculum. An outline is given of a teacher education program that incorporates studies in the following areas: (1) observing for health; (2) recognizing symptoms of the onset of serious disorders; (3) accomodating physical handicaps; (4) appropriate planning for intellectual development; (5) emotional considerations; (6) coping with accidents; (7) working with support personnel and parents; and (8) recognizing child abuse. Providing suitable therapy for health problems and assessment and evaluation of health conditions are also covered in the described program. (JD)

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Preparing Teachers to Cope With Health Related Problems in the Classroom

Since the 1930's schools have been expected to assume more and more responsibility for the health and hygiene of children but teacher preparation programs have been slow to include a substantial component in the curriculum.

Historical Involvement

Through the 1940's schools employed nurses who cared for illness, accidents, and gave annual physical examinations. Classroom teachers were expected to check children routinely for hygiene and include instruction in daily health care as a part of the curriculum. In secondary schools this was the responsibility of the home economics and physical education teacher.

During the 1950's there was a strong movement to implement programs in sex education in secondary schools. This was soon embroiled in controversy which has not been completely resolved. However, as pregnancy and venereal disease among youth continued to increase the program was expanded to include the elementary grades. As in earlier years, these programs were implemented with little preservice instruction. Instructional materials were developed but teachers were assumed to be able to deal intuitively with content.

The period of social awareness in the 1960's, coupled with empirical data regarding the impact of nutrition and health care on learning, led to expansion of these services to children. Schools became the delivery vehicle through the school lunch program, more sophistical diagnostic techniques utilized for the annual examination, and innoculation programs. Teachers became partners with nutritionists and medical personnel. The National Elementary and Secondary Act provided for speech pathologists and special educators but the classroom teacher was expected to be able to make primary referrals, still with little training in detection.

Current Societal Expectations

In the last 30 years society has grown to expect the schools to provide health care and has held them liable for failure to protect children and provide appropriate emergency care. Classroom teachers are most often the target of litigation and many are shocked to discover the magnitude of their professional responsibility.

With the implementation of Public Law 94:142, which mandates placing handicapped children in the least restrictive environment, the role of the classroom is again being redefined to include even greater involvement with the physical health of the children. Physical pathology, first aid, and health maintenance should become as much a part of teacher education as child growth, development and learning theory.

Rationale for Teacher Involvement

The classroom teacher occupies a unique position for observing and dealing with health related problems. During the period that the child is a member of their class they have an opportunity to monitor the child for subtle changes, they can compare them with their peer group, and with changes in personal, physical, and behavioral characteristics. The teacher is within the confines of the class room and can detect deviations that might go unnoticed by busy parents. Physicians

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and nurses see children at irregular intervals while the teacher has daily contact.

The teacher is also often a confidant as the significant "other" to the child. A good teacher establishes a trust relationship through continual interaction and can provide security to a disturbed, frightened, or injured child. The teacher can also maintain a link with reality and normality by providing an accepting classroom environment during crises or when a child must leave the school during periods of illness.

Teacher Preparation

Prospective teachers are most often young adults who have, themselves, lived in a sheltered environment. Their perservice program should:

1. help them to become "other" oriented;
2. foster an attitude of responsibility for the physical as well as mental welfare of children;
3. provide adequate knowledge about symptoms of disease and physical disorders;
4. provide basic information about emergency care;
5. provide knowledge of symptoms associated with injuries so they can make rational decisions regarding treatment or referral;
6. provide knowledge of the indication of child abuse and/or neglect; and
7. foster a sensitivity to parents and care providers in order to be able to supply needed information in a nonthreatening manner.

The following outline describes a program which is a part of the professional semester at the University of Northern Iowa. A module has been designed for advanced level students in Early Childhood, Elementary, and Middle School/Junior High. While it is impossible to provide all the knowledge needed for any contingency, it is expected that the program results in an awareness of the teacher's role and responsibility.

I. Observing for health
   - A. Routine health and hygiene
   - B. Childhood diseases
   - C. Congenital disorders
   - D. Functional disorders

II. Recognizing symptoms of the onset of serious disorders
   - A. Seizure
   - B. Diabetes
   - C. Rhuematic fever

III. Accomodating physical handicaps
   - A. Adaptations in physical facilities
     1. vision
     2. hearing
     3. mobility
     4. gross motor
     5. scoliosis
   - B. Fine motor
     1. fatigue - realistic expectations
     2. amblyopia

C. Perceptual
D. Auditory problems

IV. Appropriate planning for intellectual development
A. Learning styles
B. Grouping
C. Individualizing instruction

V. Emotional considerations
A. Aggressive/Passive
B. Stress
C. Involving handicapped in making useful contributions
D. Modeling acceptance and respect, not pity
E. Mutual helpfulness: building trust and sense of community
F. Grouping some activities by interest--not ability
G. Helping to reenter group after illness or traumas
H. Dealing with family stress: death, divorce

VI. Accidents
A. Immediate care
B. When to call the nurses
C. Providing comfort and security
D. Considering other class members

VII. Working with others
A. Support personnel
1. Speech pathologist
2. Remedial reading
3. Learning disabilities
4. Special educators
5. Psychologist
6. Counselor
7. Medical personnel (providing useful information)
B. Parents
1. Partners in health: establishing rapport
2. Suggesting problem areas without diagnosing
3. Building trust
4. Sensitivity to feelings
5. Preserving and/or strengthening perception of child
6. Maintaining social contact and educational progress during periods away from school

VIII. Recognizing child abuse
A. Data
B. Symptoms
C. Teacher's responsibility

IX. Music Therapy

X. Science: activity based

XI. Social Studies: utilizing a variety of learning modes

XII. Assessment/Evaluation

Summary

This program is designed to provide some observational techniques, some strategies for dealing with health related problems, and an awareness of the need to deal effectively with injuries, illness, and disabilities in a manner that fosters confidence and a feeling of security.

A colleague related an incident that illustrates the need for such preparation. It was noon of his first day as a junior high teacher. At the close of the period, just as he was feeling somewhat confident that the lesson has been successful, a student fell to the floor with a grand mall siezure. The teacher's first impulse was to go search for an adult when suddenly he realized that he was the adult and should somehow maintain composure and take control.

Hopefully beginning teachers will not be confronted with a serious incident so early in their professional experiences, but realistically little time passes before they encounter situations in which they must make decisions and take appropriate action. These decisions, related to physical health, leave little room for error. If a lesson doesn't progress well, it is possible to abandon it, replan, and try again with a new approach. In times of physical crisis this is seldom possible. Therefore, teacher education programs need to devote more attention to this area of professional responsibility.

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